

Oral hygiene to a hospitalized dependent patient: perceptions of a nursing team

Passos, Silvia Silva Santos; Carvalho, Evanilda Souza de Santana;
Sadigursky, Dora; Nobre, Vera Patricia Carneiro Cordeiro; Leite, Gesidalva
Araujo dos Santos

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Passos, S. S. S., Carvalho, E. S. d. S., Sadigursky, D., Nobre, V. P. C. C., & Leite, G. A. d. S. (2014). Oral hygiene to a hospitalized dependent patient: perceptions of a nursing team. *Revista de Pesquisa: Cuidado é Fundamental Online*, 6(4), 1396-1408. <https://doi.org/10.9789/2175-5361.2014.v6i4.1396-1408>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see:
<https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

*Higiene oral ao paciente dependente hospitalizado: percepções de uma equipe enfermagem

Oral hygiene to a hospitalized dependent patient: perceptions of a nursing team

Higiene oral al paciente dependiente hospitalizado: percepciones de un equipo de enfermería

Silvia da Silva Santos Passos ¹, Evanilda Souza de Santana Carvalho ², Dora Sadigursky ³, Vera Patrícia Carneiro Cordeiro Nobre ⁴, Gesidalva Araujo dos Santos Leite ⁵

ABSTRACT

Objective: To discuss the perceptions of the nursing team about oral hygiene of hospitalized dependent patients. **Method:** this is a descriptive and qualitative study, performed in the medical and surgical clinics of a hospital in the countryside of Bahia, between March and July of 2006. The data were collected through a semi-structured interview, applied to seventeen participants and complemented by structured observation. **Results:** after an analysis of thematic content, emerged three categories that say: oral hygiene is an important care to patients; oral hygiene avoids discomfort of the team providing care; and oral hygiene may be delegated to the family. **Conclusion:** In studied context, there is no protocol to administer oral hygiene; the oral odors define their periodicity, oral hygiene is performed by family members; and the nurses do not participate directly in such care. **Descriptors:** Nursing care, Hospitalization, Nursing team, Oral hygiene, Disabled people.

RESUMO

Objetivo: Discutir a percepção da equipe de enfermagem sobre a higiene oral de pacientes dependentes hospitalizados. **Método:** Estudo descritivo, qualitativo, realizado nas clínicas médica e cirúrgica de um hospital do interior da Bahia, no período de março a julho de 2006, dados obtidos através da entrevista semiestruturada aplicada a dezessete participantes, complementados pela observação estruturada. **Resultados:** Após a análise de conteúdo temática emergiram três categorias que revelam: a higiene oral como cuidado importante para o paciente; a higiene oral evita o desconforto da equipe na prestação de outros cuidados; e a higiene oral pode ser delegada para a família. **Conclusão:** No contexto estudado não existe protocolo para realização desse cuidado, os odores advindos da boca do paciente definem sua periodicidade, a higiene oral é realizada por familiares e as enfermeiras não participam diretamente deste cuidado. **Descritores:** Cuidados de enfermagem, Hospitalização, Equipe de enfermagem, Higiene bucal, Pessoas com deficiência.

RESUMEN

Objetivo: Discutir la percepción del equipo de enfermería sobre la higiene oral de los pacientes dependientes hospitalizados. **Método:** estudio descriptivo y cualitativo, realizado en las clínicas médicas y quirúrgicas de un hospital del interior de Bahía, entre marzo y julio de 2006. Los datos fueron obtenidos a través de entrevista semiestructurada aplicada a diecisiete participantes, complementados por la observación estructurada. **Resultados:** de los discursos surgieron tres categorías: La higiene oral como un cuidado importante para el paciente; la higiene oral evita el malestar del equipo en la prestación de otros cuidados; y la higiene oral puede ser delegada a la familia. **Conclusión:** en el contexto estudiado no existe un protocolo para la realización dese cuidado, los olores procedentes de la boca del paciente establecen su tiempo, la higiene oral se realiza por la familia y las enfermeras no participan directamente en este cuidado. **Descriptores:** Atención de enfermería, Hospitalización, Grupo de enfermería, Higiene bucal, Personas con discapacidad.

¹ Enfermeira Mestre pela Escola de Enfermagem da Universidade Federal da Bahia. Professora Assistente da Universidade Estadual de Feira de Santana - Bahia. Doutoranda pela Escola de Enfermagem da Universidade Federal da Bahia. Email: sspassos@yahoo.com.br. ² Enfermeira, Doutora em Enfermagem pela Escola de Enfermagem da Universidade Federal da Bahia. Professora Adjunto da Universidade Estadual de Feira de Santana. Bahia. Brasil. Email: evasscarvalho@yahoo.com.br ³ Enfermeira, Doutora em Enfermagem, Professora Associado II da Escola de Enfermagem da Universidade Federal da Bahia. Brasil. Email: dora@ufba.br ⁴ Enfermeira, Professora Auxiliar da Universidade Federal do Recôncavo da Bahia, Campus de Santo Antônio de Jesus-Bahia. Aluna do Mestrado Profissional da Universidade Estadual de Feira de Santana. Bahia. Brasil. verapatnobre@yahoo.com.br ⁵ Enfermeira, Supervisora das Unidades de Internação da Santa Casa de Misericórdia de Cruz das Almas, Bahia. Brasil gesidalva@bol.com.br.

*Taken from the Masters' dissertation: Provision of routine care to a hospitalized dependent patient, defended in January 2007 at the School of Nursing of the Federal University of Bahia.

INTRODUCTION

Among the care for the individual with addiction, oral hygiene is considered less complex even in patients who cannot achieve it alone and is usually performed by technicians and nursing assistants. It is essential that nursing staff understand the importance of care and take responsibility for their achievement, recognizing its role, minimizing risks and enhancing the benefits gained from this practice.

Routine care or maintenance care in life are those that represent all permanent care whose function is to sustain life, such as eating, drinking, defecation, wash up, move, moving, and everything that contributes for the development of the building and maintaining the image of body.¹

In this sense, oral hygiene is configured as a routine care in the lives of individuals, their usual supply and frequency varies according to their culture. The nursing staff in the provision of care for hospitalized patients needs to know these habits so that you can provide, properly, this care, especially in dependent patients.

Understood to be dependent the person who requires the aid of another person or special team to perform life daily activities;² thus, in the context of hospital responsibility of helping people with dependency falls on the nursing staff.

Given the patient's oral hygiene impaired Nursing begins its work since the diagnosis, followed by care planning, the performance of the procedure and its evaluation, all these steps envisage health promotion and disease prevention, and care for the professional can help patients maintain their oral hygiene, teaching correct techniques or running it effectively.³

Performing oral hygiene is essential to prevent the accumulation of secretions and crusting, providing comfort to the bedridden patient, should be offered daily and regularly with frequency determined by conditions specific to each patient.⁴

Considering this care as essential to the maintenance of life and oral hygiene changed, in the hospital, can promote serious damage, we sought objective of this study, discuss the perception of nursing staff about oral hygiene dependent patients hospitalized. For that we formulated the following questions: What is the perception of the nursing staff on the oral hygiene of patients hospitalized and dependent? As the provision of oral hygiene in the studied context?

The present study is relevant to the professional and scientific appropriating a carefully considered simple, but in the hospital is very important for maintaining the health of the individual. Thus, it may raise the reflection of nurses in their practice.

Meeting the health needs of the individual is the main objective of the action of Nursing, using simple resources and complex technology in their daily work. The practice of nursing accompanied the technological evolution, turned to the standardization of technical

procedures increasingly complex and invasive to provide care and meet the needs of individuals.

Among the needs that must be met in patient care depends, in the hospital, are considered simple care such as hygiene, which historically refers to the practices manual / traditional care devalued and delegated to less qualified technical personnel.

Once admitted, patients even conscious and preserving its autonomy deficit may have to promote itself to proper oral hygiene, possibly by lack of technical knowledge, or encounter material difficulties to execute it. Those whose general condition implies reduced ability to care for oneself, care and oral hygiene is essential in preventing damage, should be planned and undertaken by a qualified caregiver, able to provide safe care. In the hospital setting it is the responsibility of the professional nursing staff, and it is assumed that these are the most qualified to provide this care.

Deficiency of oral hygiene in dependent patients hospitalized contributes to the proliferation of bacteria and fungi in the mouth creating a reservoir ideal for a wide microbiota, as well as affecting the oral health and well-being of the patient, can provide various infections and systemic diseases. Remember that the mouth are practically half the microorganisms present in the human body, represented by several species of fungi, bacteria and virus⁵, and which can trigger periodontitis, gingivitis, ear infections, xerostomia and rhinopharyngitis potential focus of infection prone to pneumonias nosocomial. The pathogenic action of endogenous microbiota in patients with deficits in self-care in the hospital environment is enhanced by the frequent use of antibiotics and steroids.⁸ In addition, external factors may be involved such as smoking, alcoholism to poor oral health condition.

Although it seems very simple to provide oral hygiene, one who performs it should put into practice knowledge of anatomy, physiology of the skin and mucosa, and in the recognition of abnormalities, in making appropriate care to avoid injury to sensitive tissues such as the tongue, the palate, the gums, lips besides knowing the risks to undertake preventive care in patients with chronic diseases.⁶

Patients with dependence for oral hygiene in general, are people who are cognitively impaired and remain with his mouth open, causing dehydration of the oral mucosa. Decreased salivary flow increases biofilm on the dorsum of the tongue, known as coating, favoring bacterial colonization and production of volatile sulfur nasty odor.⁷

The anatomical proximity of the lungs with the oral cavity implicates a risk of infection, because the mouth is a powerful aggregator of opportunistic pathogens. Thus, when oral hygiene is neglected, mainly in patients who show compromised immune system, they become susceptible to respiratory infections.⁸

Bacterial colonization and respiratory infections related to oral biofilm result from three main mechanisms: poor hygiene which triggers the proliferation of high concentrations of pathogens in saliva to be drawn into the lungs deteriorate immune defenses, the oral biofilm tends to harbor colonies of pulmonary pathogens and promote their growth, and the bacteria in the oral biofilm facilitate the colonization of the upper airways by pulmonary pathogens.⁹

Accordingly, deficiency of oral hygiene is associated with increased hospital infections of respiratory site. Nosocomial pneumonia accounts for 10% to 15% of total hospital infections; and 20% to 50% of all affected patients by infections progress to death.¹⁰

Given this, and the bacterial risks originating in the mouth, which culminate in more serious health situations, it is recommended to complete cleaning for removing plaque and food debris from the oral cavity, including teeth, tongue, gums, in order to promote an environment free from oral diseases.⁷

Commonly in the elderly and bedridden patients the bacteria cannot be eliminated because during sleep or in states of reduced levels of consciousness the swallowing reflex is decreased, so the bacteria end up invading the lung and how the defense system is often weakened they end up multiplying and causing pneumonia by aspiration.⁸

Most seniors who need daily care have chronic and degenerative diseases such as hypertension, diabetes and other conditions limiting neurological sequelae such as stroke, dementia impair achievement of adequate oral hygiene. It adds that, in the elderly and infirm, there is a reduction in salivary flow, which can cause a high *Candida* colonization or other microorganisms,⁸⁻¹¹ worth noting that it is common to find in the oral cavity of dependent patients cultivable cells of *Staphylococcus*.

Oral hygiene then needs to be routinely offered and each unit must have a protocol for the procedure with references of solutions to be used and the frequency of the supply of this care based on each patient's individual condition, mainly aiming to reduce the chances of infection and foster a comfortable breath.

In this sense, oral hygiene may be referred to as a set of measures which includes mouthwash, brushing of teeth and tongue, hygiene of adontic gum, removal and care of prostheses and endotracheal aspiration of secretions, beyond hygiene of devices that may be used from the mouth as example of endotracheal tubes, cannulas quedel, orogastric probes, external fixators, orthodontic appliances, among others.

In a hygiene protocol recommended tooth brushing after every meal, and when this is not possible, should be performed mouthwash or cleaning of the oral cavity with gauze soaked in bactericidal; paying attention to that in patients with xerostomia solution used in mouthwash does not contain alcohol in its formulation; patients intubated, remove the crust that forms daily in the oral cavity, using a rod wrapped cotton or gauze soaked in bactericidal and moisten the mucous membranes and lips several times a day.¹¹

Therefore, careful oral hygiene should be understood as a technically simple procedure that brings numerous benefits to the patient for self-care deficit / oral hygiene. It is an essential care for the maintenance of life, to promote health, patient comfort, and therefore needs to be understood and valued as any other care and should not be overlooked and / or undervalued by the nursing staff.

The rejection by the nursing staff and even family members to provide oral hygiene and cleanliness of the prosthesis in dependent patients is real and noticeable. To resolve this difficulty is to promote educational interventions for both the nursing staff and for family / caregivers that emphasizes the importance of proper oral hygiene. Accordingly, care should not focus attention exclusively on procedures, but include family and / or caregiver to improve the quality of life of the care emphasizing health promotion and prevention of damage.¹²

In people unable to feed orally, whether by states of unconsciousness or coma, or by the absence of teeth, or other deficiencies in chewing and swallowing, oral hygiene seems to be less valued. This aspect frequently observed among infants, adults and elderly dependents.

There are also situations in which the loss of mucosal integrity, of teeth, cleft lip, edema or inflammatory conditions induces painful sensations during handling of the oral cavity, these manifestations of pain stimulates both family caregivers regarding the patient to refuse or postpone measures of oral hygiene.

METHOD

This is a descriptive study with a qualitative approach for enabling the understanding of the characteristics and meanings of situations experienced in a given context, from the description of the different conceptions of the subjects investigated and problems or concerns that they have in their daily lives.¹³

The study was conducted from March to July 2006. The subjects were ten (10) practical nurses and 07 nurses. We adopted the following inclusion criteria: be a nurse (o) and nursing technicians with work schedules to the day shift, considering that hygiene care occur more during this period and take up the case. Despite the care and maintenance of life appear necessary at all hours of the day is at night which reduces the handling of patients to promote rest, therefore, were excluded from the professionals who worked only at night.

This study was based on the concepts of care / care taking as base the assumptions Collière,^{1:58} believes that "[...] not to be surrounding the disease that develop practices of care [...]" but, about everything that relates to life, emphasizing that care are the simple ones that allow you to maintain life, promote comfort and relieve suffering even when cure is no longer possible.

Data collection took place through the application of semi-structured interviews and structured observation with daily record. The interview was designed, tested and adjusted to meet the purposes of this study. The interviews were scheduled in advance according to the availability of subjects, and conducted in a restricted presence of the investigator and interviewee preserving the privacy, integrity and welfare of those involved, as required by Resolution 196/96.

The structured observation requires the observer's creativity and the formulation of a system to classify, record and encode observations and sampling of the phenomena of interest. The main advantage of this technique is to allow the facts to be perceived without interference, standing opposite the researcher reality.¹⁴

Prior to its application to study proposal was considered and approved by the Ethics and Research of the State University of Feira de Santana-BA under Protocol No. 008/2006, CAAE 0003.0.059.000-06.

The subjects were observed in the same group of respondents, during the period of data collection. We list and record the actions of care members of the nursing team, to patients with addiction designated for this study.

For ethical reasons, before conducting the interview and observation were provided guidance on the study and its objectives to professional interviewed and observed users / or

guardians, requested permission to observe the same care and the professional for recording interviews.

We used Terms of Consent differentiated for professionals in the nursing staff and the patient observed. With the consent of same was asked to sign two (2) copies as required by Resolution 196/96.

For analysis of the findings, we used the method of qualitative analysis (15) in which he included the following steps: initial reading, pre-analysis, identification of core meaning, categorization and inference.

RESULTS E DISCUSSION

A total of 10 (ten) Nursing technicians and seven (7) nurses working in medical and surgical clinic of a public hospital in a town in the countryside of Bahia. Content analysis applied to the data emerged three (03) categories: 1) Oral hygiene is an important caution; 2) Oral hygiene avoids the discomfort of the staff in other care services; 3) Oral hygiene can be delegated to the family.

CATEGORY 1 - ORAL HYGIENE IS AN IMPORTANT CARE FOR THE PATIENT

Care considered simpler, sometimes comfort, soothe and satisfy the patient that the best technical care more complex, because this being that needs care feel more valued,¹⁸ since they refer to the attitude of zeal and interest in your general welfare.

From the depositions denote participants perceive oral hygiene as significant as part of a general care range that benefit the patient, but also on its ability to reduce odors and to prevent infection, as seen below:

It is important because this activity with the patient to help and contribute to feeding and oral mucosa. (E1) It is of great importance for the well-being of the patient, thus avoiding other types of pathologies. However, it should be done three times a day. (E2), [...] oral hygiene prevents many types of diseases in the oral and airways. (E3)

Despite the irregularity observed the practice of oral hygiene in the studied context, the interviewees believe that this is a necessary care in minimizing or preventing health risks to the patient. And agree that the provision of care related to oral hygiene patient dependent, aims to prevent other diseases, which may arise from the absence or inefficiency of care.

Complications arising from the lack of or inadequate oral hygiene procedure can increase the length of hospital stay of 6.8 to 30 days.¹⁶ Thus, in this context, the value of this care can besides qualifying assistance reduce costs to prolonged hospitalization.

Thus, periodontal disease and poor oral hygiene can result in a higher concentration in the saliva of oral pathogens, may be aspirated into the lung, confusing the immune defense.

In turn, these periodontal pathogens can facilitate lung colonization of pathogens in the upper airways.¹⁷

These statements were obtained from the Nursing Techniques while the nurses surveyed in this study reported not participating in the procedure and that is delegated to technicians and nursing assistants, as observed in the speech:

"Those patients who cannot perform the procedure alone [...] we delegate under supervision to the nursing technician" (E6)

This statement confirms that nurses are not directly involved with care considered less complex in the hospital environment. This was observed, for in no time there was the participation of nurses in providing care oral hygiene, as well as in the planning and supervision of the same.

In the daily highlights was a prestige care maintenance of life, like the hygienic care, mobilization and power. Hygiene care, in particular, throughout history, have been attributed to a less qualified professional, always performed by laborers, often imposed as a form of punishment in care contexts. So, take care of hygiene of the body implies to account for the dirty part of care, ie, cleaning the feces, secretions, urine, realizing reduce human odors, is interspersed by negative representations about such care giving lower status who performs it.

In this sense, it is observed that within the professional hierarchy, practices considered simple as oral hygiene, genital, bathing, care of wounds, are delegated to assistants and technicians of Nursing and currently motivated by various factors, such are customarily delegated to relatives without any guidance, monitoring and evaluation, demonstrating how this care is being devalued.¹⁸⁻¹⁹

CATEGORY 2 - THE ORAL HYGIENE AVOIDS DISCOMFORT OF THE TEAM IN PROVIDING OTHER CARE.

This category shows that, to perform oral hygiene, the nursing staff is based on the identification of odors from the oral cavity of the patient. The interviewees believe that oral hygiene consists of a care that facilitates the work of the team in that it reduces unpleasant odors of the person cared for, denoting that the professionals have difficulties in dealing with patients when they are with mouth odors for not performed oral hygiene, as revealed in the statements below:

[...] I do because it is difficult to work with until the patient with mouth smelly. (E3) It is important because it is part of patient care because if you do it is with bad breath. (E4)

Through the lectures presented can be inferred that, in the context studied, careful oral hygiene is not understood as a patient's need, but a need for professional, by being in front of someone whose odors cause you discomfort when performing other care, showing a distorted understanding of the purpose of oral care. In the context studied, it was observed that oral hygiene is only offered when the morning shift at the bath time, regardless of the level of consciousness and the patient's addiction.

The presence of odors perceived by nursing determines the decision making regarding care for the patient and the environment. This perception is given attention, especially for

those of harshness or bother, and indicative of the risk of infections. Odors are present in the routine activities of nursing and its perception is critical to the care process, mediated by the olfactory perception and actions of Nursing.²⁰

It is noteworthy that the determination of the shares of nursing aims to meet the needs of the patient, a care planning process that involves setting objectives, analyzing the consequences, discuss alternatives, determine specific goals to be achieved and develop appropriate instruments for the implementation of therapy awaited. 18 To carry care related to oral hygiene nursing professionals use as material resources serum and gauze, commonly found in the units, as well as solutions acquired by family members, not regularly.

[...] No planning is carried out according to the need of the patient. Use with sterile gauze, but it is very rare [...] (E4); When in very delicate, should make hygiene with a palette wrapped in gauze and also uses the solutions for. (E2), I do with gauze, and Flogoral spatula. (E5)

Identified in the speech, which was confirmed by the observations that the units studied there is a protocol of care related to oral hygiene and the nursing staff performs this procedure so unsystematic no standardization of technical or regarding the use of Oral antiseptic by the institution which makes evaluate patients who intended to practice with or without the use of auxiliary products, nor the effectiveness of patient care.

The effectiveness of an oral hygiene protocol depends on knowledge about means of mouthwash by the nursing staff and other caregivers of pacientes.¹¹

Thus, the instructions for performing oral hygiene using mouthwashes should follow a sequence like: wear gloves procedure; separate oral solution advocated; put in the glass with a dropper, 10 ml of the solution, soak the rod; spend on shaving language in the anteroposterior direction, passing in the halls and cheeks anteroposterior direction; spend the palate in the posterior-anterior; applied on the vestibular, lingual and occlusal surfaces of the teeth, if necessary should aspire to oropharynx.⁷

In this context, to play in the prevention of harm to patients due to the lack of inadequacy of oral hygiene is recommended if possible just make a single intervention, which should take place preferably on the night shift, because that is when the facial muscles move less, salivary flow becomes minimal and the natural mechanisms of waste disposal diminish. Thus, the systematic care of the oral cavity in hospitalized individual is effective in reducing and preventing dental problems, even when performed once the day.⁴

It is worth noting that careful oral hygiene practice is not without risks dependent patients with neurological deficits may be necessary to add the support of Guedel cannulas to allow access to the oral cavity of atraumatic way, whereas in the presence of stiffness jaw may be suffering for the patient, caused by movements of the caregiver, abruptly, trying to access the oral cavity, can damage the mucosa, as the caregiver who may have a hand traumatized by the teeth of the patient or the material used to providing hygiene.

And, to complement the care of aspiration can prevent oral content evolve into tracheobronchial tree causing aspiration pneumonia. Thus, the act of caring for hospitalized patients with addiction to oral hygiene lacks a distinctive look, once the patient is in a situation of great fragility and vulnerability.

CATEGORY 3 - ORAL HYGIENE CAN BE DELEGATED TO THE FAMILY.

This category expresses the understanding that nursing professionals participating in this study, have that oral hygiene is an allocation of the family, and thus the responsibility is transferred to it. Observe the lines below:

[...] Is the relative who does. Notice, if the family does not, I do and see if it is clean. (E4); [...] is not carried by the frame of Nursing does not have time for these procedures are the companions they make. (E1); Family is who does, but sometimes I also need to do now is very difficult that happen. (E3)

We can see that the companion in the hospital, has been seen as additional labor, which is a mistake, because the companion is not always prepared for this assignment, nor to assume a care that is strictly professional and of responsibility of the nursing team.¹⁸

The execution of care by companions / relatives is becoming a common practice in the studied environment, as revealed in the speech Nurse:

"I have observed that much of the patient care has been dependent on account of companions." (E7)

The companion in the hospital, usually a family member, a contemporary vision of health care, is a customer service and not a mere companion ⁶ nor the family should be understood as an institutional caregiver.

In the hospital setting, the presence of a partner or family, it is perceived as positive and should be encouraged by being able to influence the recovery of the patient, helping to alleviate the feelings provoked with hospitalization. The hospital environment must be seen as a space conducive to the guidance on care maintenance of life, considering the limitations of the patient drive the escort to seek and provide help.²¹ In this sense, hospitalization may constitute learning environment of family / caregiver to provide routine care to be continued in domicile.

In nursing, it is to identify the kind of help that families can provide to patients dependent,³ ie, what they can take and what they can do in part, due to the nature and complexity of much of the care provided in hospital. However one should not forget that, when leaving hospital care should remain simple, and in this sense the family should be prepared to take it after discharge.

Oral hygiene in hospitalized patients has not made an obvious concern in the practice of health education, whether intended users or teams that have given a makeshift character and even random to these types of acts and procedures.²²

The educational role of the nurse in the patient and family, on issues relating to the disease, side effects, management of toxicities, infections and possible consequences resulting from treatment is of fundamental importance in the prevention of iatrogenic complications of care in relation to oral hygiene. These guidelines should be individualized and integral part of the care plan.²³

However, the participation of caregivers in care activities not exempt nor suppresses the responsibility for the care which remains assignment of nursing, including the prevention of potential risks or harm the patient may be exposed.¹⁸

CONCLUSION

We concluded, therefore, that the nursing staff investigated realizes oral hygiene care as important for the hospitalized patient dependent, but not the responsibility of nursing in running it. And, while recognizing that the lack of hygiene places the patient at risk, admit that it is offered at random and that his execution should be charged and supervised by the institution

It was found that, in the context studied, there is a plan for performing oral hygiene dependent patients that care is provided, preferably by families or other caregivers and patients, without preparation, guidance, monitoring and supervision of Nursing. When performed by the team the techniques of nursing that define the need to evaluate the odor arising from the oral cavity causes discomfort to other care services. During oral hygiene often use spatula wrapped in gauze moistening them with antiseptic solutions available in the unit, not obeying any protocol for performing this care. Each professional plays the way that it deems most convenient.

Among the interviewed group only the techniques mentioned nursing care to oral hygiene as part of their routine work, none of the nurses evoked such care as part of their practice. This may be related to the tradition of nurses dedicate themselves more often care intervention with a higher level of complexity and technological apparatus which, in turn, collaborate to the devaluation of this care.

Nurses justify regardless of the state of the patient, oral hygiene care is provided, preferably by mid-level staff, presumably with less preparation and, with this in mind, even comes to be held by the family.

The insights discussed here showed that there is a gap of all members of the nursing staff providing care oral hygiene, considered less complex and can have irreparable consequences in the process of recovery of these patients.

This study also points to the need to discuss the responsibility of Nursing in planning, implementation, monitoring and evaluation of the care and maintenance of life, whether in the gym during training or in spaces of care delivery.

REFERENCES

- 1- Collière MF. Promover a vida: das práticas das mulheres de virtude aos cuidados de Enfermagem. Lisboa: Lidel Técnica; 1989.
- 2 - Brasil. ANVISA - Agência Nacional de Vigilância Sanitária. Resolução da diretoria Colegiada - RDC nº283. [Internet]; Brasília: Ministério da Saúde; 2005 [acesso em 2010 Jul 30]. Disponível em: www.mp.go.gov.br
- 3 - Araújo MVM, Vieira MA, Bonan PRF, Costa SM. Atuação dos Profissionais de Enfermagem nos Cuidados com a Higiene Bucal de Idosos Institucionalizados em Montes Claros - MG. Rev APS; Juiz de Fora [periódico da Internet] 2010 Jan-Mar [acesso em 2010 Nov 01]; 13(1):[aproximadamente 7 p.].Disponível em: www.aps.ufjf.br/index.php
- 4- Araujo SSC, Padilha DMP, Baldisserotto J. Saúde Bucal e Qualidade de Vida em Pacientes com Câncer de Cabeça e Pescoço. R Fac Odontol [periódico da Internet]. 2007 Jan-Dez [acesso em 2010 Ago 03]; 48(1/3): [aproximadamente 4 p.]. Disponível em: www.seer.ufrgs.br/index.php
- 5- Grasielle CM, Neide OS, Everton TG. Higiene Oral: Atuação da Equipe de Enfermagem em Paciente com Déficit no Autocuidado. Rev Enferm Integr [periódico da Internet]. 2009 Jul-Ago [acesso em 2010 Ago 28]; 2(1): [aproximadamente 7 p.].Disponível em: www.unilestemg.br/enfermagemintegrada/Grasielle_martins_Neide_santos_e_Evert.pdf
- 6- Moraes TMN, Silva A, Avi ALRO, Souza PHR, Knobel E, Camargo LFA. A importância da atuação odontológica em pacientes internados em unidade de terapia intensiva. Rev Bras Ter Inten [periódico da Internet] 2006 Out-Dez [acesso em: 2010 Ago 28]; 18(4): [aproximadamente 6 p.]. Disponível em: www.scielo.br/scielo
- 7- Santos PSS, Mello WR, Wakim RCS, Paschoal MAG. Uso de Solução Bucal com Sistema Enzimático em Pacientes Totalmente Dependentes de Cuidados em Unidade de Terapia Intensiva. Revi Bras Ter Intensiva. [periódico da Internet] 2008 Abr-Jun [acesso em 2010 fev 28]; 20(2): [aproximadamente 6 p.]. Disponível em: www.scielo.br/scielo
- 8- Araujo RJG, Oliveira LCG, Hanna LMO, Correa AM, Carvalho LHV, Alvares NCF. Análise de percepções e ações de cuidados bucais realizados por equipes de Enfermagem em unidades de tratamento intensivo. Rev Bras Ter Intensiva [periódico da Internet] 2009 Fev [acesso em 2010 nov 01]; 1(21): [aproximadamente 7 p.]. Disponível em: www.scielo.br/pdf/rbti
- 9- Oliveira LCBS, Carneiro PPM, Fischer RG, Barreto EM, Tinoco A. Presença de Patógenos Respiratórios no Biofilme Bucal de Pacientes com Pneumonia Nosocomial. Rev Bras Ter Intensiva [periódico da internet] 2007 Out-Dez [acesso em 2012 ago 10]; 19(4):[aproximadamente 6 p.]. Disponível em: <http://www.rbti.org.br/>

- 10- Oliveira TFL, Gomes Filho IS, Passos JS, Cruz SS, Oliveira MT, Trindade SC et al. Fatores associados à pneumonia nosocomial em indivíduos hospitalizados. Rev Assoc Med Bras [periódico da internet] 2011 Set [acesso em 2012 ago 10]; 57(6): [aproximadamente 7 p.]. Disponível em: www.scielo.br/pdf/ramb/v57n6/v57n6a08.pdf
- 11- Brunetti RF, Montenegro LFB. Odontogeriatria: noções de interesse clínico. São Paulo (SP): Artes Médicas; 2002.
- 12- Baggio MA. O significado de cuidado para profissionais da equipe de enfermagem. Rev Eletr de Enferm [periódico da Internet]. 2006 Abr [acesso em 2011 jan 23];08(1): [aproximadamente 8 p.].Disponível em: www.fen.ufg.br/revista/revista8_1/original_01.htm
- 13- Richardson RJ et al. Pesquisa Social: métodos e técnicas. 3ª ed. São Paulo (SP): Atlas; 1985
- 14- Polit DF, Hungler BP. Fundamentos de Pesquisa em Enfermagem: métodos, avaliação e utilização. 5ª ed. Porto Alegre (RS): Artmed; 2004.
- 15- Bardin L. Análise de Conteúdo. Tradução Luis Antero Neto e Augusto Pinheiro 2ª ed. Rio de Janeiro: Ed. 70, 2004.
- 16- Brito LFS, Vargas MAO, Leal SMC. Higiene oral em pacientes no estado de síndrome do déficit no autocuidado. Rev Gaúcha Enferm. [periódico da Internet] 2007 Jul [acesso em 2008 jun 29]; 28(3):[aproximadamente 8 p.].Disponível em: www.seer.ufrgs.br/index.php
- 17- Kahn S, Garcia CH, Galan Junior J, Namen FM, Machado WAS, Silva Junior JA, Sardenberg EMS, Egreja AM. Avaliação da existência de controle de infecção oral nos pacientes internados em hospitais do estado do Rio de Janeiro. Ciência e saúde coletiva. [periódico da Internet] 2008 Nov-Dez [acesso em 2010 out 15]; 6(13):[aproximadamente 7 p.]. Disponível em: www.redalyc.uaemex.mx
- 18- Passos SSS, Prestação de cuidados rotineiros ao paciente dependente hospitalizado [dissertação]. Salvador (Ba): Escola de Enfermagem da Universidade Federal da Bahia; 2007.
- 19- Maciel MTB, Cuidar de pessoas com úlceras por pressão: preparo de familiares. [dissertação]. Salvador (Ba): Escola de Enfermagem da Universidade Federal da Bahia; 2008.
- 20 - Wosny AM, Erdmann A. Odores e infecções em ambiente hospitalar: a negação do óbvio no registro das observações de Enfermagem. Texto Contexto Enferm [periódico da Internet] 2004 Fev [acesso em 2010 Fev 28];13(n esp): [aproximadamente 6 p.]. Disponível em: www.textoecontexto.ufsc.br
- 21- Silva AM. O Acompanhante do Paciente Adulto Hospitalizado: percepção dos enfermeiros: uma abordagem qualitativa [dissertação]. Guarulhos (SP): Universidade de Guarulhos; 2007.
- 22- Schneid JL, Berzoini LP, Flores O, Cordon JAP. Práticas de Enfermagem na promoção de saúde bucal no hospital do município de Dianópolis-TO. Cien Saude Coletiva [periódico da Internet] 2007 Out-Dez [acesso em 2010 Ago 29];18(4):[aproximadamente 9 p.]. Disponível em: www.fepecs.edu.br/revista

23- Vasques CI, Rodrigues CC, Reis PED, Carvalho EC. Assistência de Enfermagem a portadores de linfoma de hodgkin submetidos à quimioterapia: revisão integrativa. Online Brazilian Journal of Nursing [periódico da Internet] 2008 Abr [acesso em 2010 nov 01];7(1): [aproximadamente 9 p.]. Disponível em: <http://www.objnursing.uff.br/index.php/nursing/article>.



Received on: 19/11/2012
Required for review: No
Approved on: 21/05/2013
Published on: 01/10/2014

Contact of the corresponding author:
Silvia da Silva Santos Passos
Endereço: Rua General Osório Duque Estrada, 320 - Cidade Nova Feira
de Santana. Bahia. Brasil. CEP 44053.022 Fone: (75) 8819-
5232/(75)3224-6688/(75)9194-7020; Email: ssspassos@yahoo.com.br